

Appendix #2

2001 New Jersey Automobile Insurance Premium Comparison Survey

The sample premium shall be calculated for each territory using the survey information provided in Appendix #1. The premium information submitted in these forms must reflect annual premiums using new business guidelines effective October 1, 2001.

All of the forms in this Appendix shall be completed and returned to the Department of Banking and Insurance, Property/Casualty Office no later than October 15, 2001. Any questions regarding this survey may be directed to Cliff Day at (609) 984-7310, extension 50433.

If individual companies in a group have different rates on file with the Department, separate completed forms for each company must be submitted.

- 1) Group Name: _____
- 2) Insurance Company Name: _____
- 3) NAIC Group # _____ NAIC Company # _____
- 4) Sample premiums must reflect split liability limits unless company only writes combined single limits. Choose one only:

Combined Single Limit _____

Split Liability Limits _____

- 5) Effective Date of Rates: _____
- 6) Contact person responsible for collecting and submitting data:
Name: _____
Title: _____
Phone #: _____
E-mail address: _____

7) Corporate Officer certifying accuracy of rates:

Name: _____

Title: _____

Phone #: _____

E-mail address: _____

CERTIFICATION

The above named private passenger automobile insurer hereby certifies as follows:

1. It has completed the attached worksheets in response to the 2001 Annual Premium Survey conducted by the New Jersey Department of Banking and Insurance pursuant to N.J.A.C. 11:3-45;
2. It has examined the answers supplied on the worksheets in response to the survey examples; and that
3. Said answers contained on the worksheets represent true and accurate data regarding the company premiums on October 1, 2001.

The insurer understands that it is subject to criminal, administrative and civil sanctions for any intentional material misstatement of fact.

Date

Corporate Officer

wob1198a/inoord